

Utah Department of Health

D HCF/ITU/Security 03/10/03 IT Resource Access Request

Access to information technology resources requested on this form must be appropriate and complete with the proper signatures before it can be processed.

Information Technology Resource Access Request

01-DATE _____

02-Employee Name (print) _____ 03-Empl. No. _____

04-New Change Delete Suspend - until date _____ 05- Logon-ID _____
Circle one of the above Enter date if suspend request If this is not a new request indicate current logon-id.

06-_____ 07-Temporary Employee? Yes - until date _____
If not employed by the Utah Department of Health please indicate current employer Circle Enter date if temporary employee

08-_____ This individual is transferring from _____

09-_____ 10-_____ 11-_____
DOH Division/Office Bureau Work Phone

12-_____ 13-_____ 14-_____
Street Address City Floor/Room

15-Job Title _____ 16-ORG. _____

ACCESS PROFILE

17-NEW REPLACE CHANGE

18-EFFECTIVE DATE _____

Circle one of the above

19-HEALTH CARE FINANCING (requires signing of DHCF Disclosure of Information Policy document and other applicable security documents)

ADD REMOVE

20-_____ HCF LAN Set-up same as _____

21-_____

MMIS

ADD REMOVE

ADD REMOVE

30-_____ Suspended Claims	41-_____ DWS-PACMIS-	42-_____ DWS-Job Service
31-_____ Claim Control File	Region _____ Office _____	43-_____ DWS-Content Manager
32-_____ Claim Inquiry	Statewide Update? yes no	44-_____ DHS-USSDS
33-_____ Provider System	Profile Code: (circle one)	45-_____ DHS-ORSIS
34-_____ Exception Control File	Supervisor - HLADMIN	46-_____ DPS-Driver's License
35-_____ Reference System	Case-Wrkr - HLCASEMN	47-_____ TAX-Vehicle Registration
36-_____ Recipient System - update? yes no	Support- HLBUSOFC	48-_____ FIN-Warrant RECON
37-_____ MI-706, MI-714	MHC- HLHMO	49-_____ DOH-Vital Records
38-_____ ORS/SURS Requests	Query - NWSQUERY or	50-_____ DOH-SAVE
39-_____	NWS/SUP	51-_____
40-_____		52-_____

71-_____ 72-_____
Medicaid Operations Approval Date Bureau Approval Date

80-OTHER STATE AGENCY INFORMATION TECHNOLOGY RESOURCES

81-DAS/ID CODE H L I _____

ADD REMOVE

82-_____ ITS-MAIN FRAME Circle selections - CICS TSO CATALOG JOB CONTROL-D

83-_____ FIN-FINET ADD REMOVE

84-_____ FIN-HRM 85-_____ OTHER

90-Security Agreement/Employee - I have read and agree to abide by the provisions of the State of Utah Information Technology Resources Acceptable Use Policy and all other policies that are appropriate and necessary that apply to the access profile assigned to me.

91-Employee Signature _____ Date _____

92- Security Agreement/Management - The above information technology access profile is appropriate and necessary for this individual to perform his/her assigned job duties. The above named employee has signed and been provided with copies of all policies that are applicable to this access profile. DOH management understands that any changes in this employee's job assignment must be reported to DOH/HCF Information Technology Security.

93-Supervisors Name (print) _____ Phone _____

94-Supervisors Signature _____ Date _____

95-Division Approval _____ Date _____

DOH/HCF INFORMATION TECHNOLOGY SECURITY SECTION

_____ Date _____

_____ : _____ UID _____ LID _____